



SKOKIE - MORTON GROVE SCHOOL DISTRICT 69

5050 MADISON STREET • SKOKIE, IL 60077 • (847)-675-7666 • FAX (847) 675 -7675 • WWW.SD69.ORG

Tell Us About Your Child

Student Name: _____

What is your child's eating / snack schedule?
What is your child's sleeping / nap schedule?
What are your child's favorite things to do?
Is your child afraid of anything?
Please indicate where your child is in the toilet training process (will not impact enrollment). <input type="checkbox"/> My Child is toilet trained <input type="checkbox"/> We are working on it <input type="checkbox"/> My child is not toilet trained Please tell us more:
Describe any special information or instructions you would like the program staff to be aware of:
Please provide any other information that will help us serve you and your family better:
When speaking to your child, do you speak: <input type="checkbox"/> Primarily English <input type="checkbox"/> Primarily Home Language <input type="checkbox"/> Both English and Home Language Equally
What language does your child use when speaking to family members in the home? <input type="checkbox"/> Primarily English <input type="checkbox"/> Primarily Home Language <input type="checkbox"/> Both English and Home Language Equally